# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

		4 50 15 50 1	O Total cases (tlade	
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5	
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	MR. BRONSON	A	Date Received	
7.7.07.2	NICKNAME LAST	SUFFIX	Date Heceived	
	BLACKSON		SCANNED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	JUL 1 7 2019		
	AREA CODE PHONE NUMBER	EXTENSION	CITY MANAGERIA	
5 CANDIDATE/ OFFICEHOLDER PHONE	(214) 533-5358		Date Hand delivered of Date Postmarked	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
TREASURER NAME	MR. PATRICK	D	Date Processed	
,	NICKNAME LAST	SUFFIX	Dale Imaged	
	PAT WILLIAMS			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  3131 BERRYMEADE LANE FARMERS BRANCH TX 75234			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 469 ) 222-3278	EXTENSION		
9 REPORT TYPE	January 15 30lh day before 6	election Runoff	15th day after campaign Ireasurer appointment (Officeholder Only)	
	X July 15 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	1 / 16 / 2019	THROUGH 7	15 / 2019	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Monlh Day Year Primary	Runoff Other Description		
	5 / 4 / 2019 X General			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	n)	
	CITY COUNCIL DISTRICT 2		NONE	
GO TO PAGE 2				

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		AN \$ 0		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED  \$ 0				
a da la la la la ca dell'aggenanano	4. TOTAL	POLITICAL EXPENDITURES	\$ 270.49		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY SOF THE LAST DAY				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,053.51		
18 AFFIDAVIT		0	٨		
AMY PIUKANA Notary ID # 126766873 My Commission Expires January 8, 2021  I swear, or affirm, under penalty of perjur , that the accompanying report is true and correct and notides all information required to be reported by me under Title 15, Election Code  Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP/SEALABOVE					
APPIANOIANI GIAWIF/GEALABOVE					
Sworn to and subscribed before me, by the said DRONSON DIACKSON, this the					
day of July , 20 17 , to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	19 FILER NAME BRONSON BLACKSON 20 Filer ID (Ethics		mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	18	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 1,783.02
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	. CONTRIBUTIONS	\$ 270.49
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	. FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRE	\$	

#### LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME **BRONSON BLACKSON** \$ 4 TOTAL OF UNITEMIZED LOANS \$2,053.51 9 Loan Amount (\$) Date of loan 7 Name of lender ut-of-state PAC (ID#:\_ \$2,053.51 BRONSON BLACKSON 4/26/2019 10 Interest rate 6 Is lender City; State; Zip Code 8 Lender address; a financial 0.00% 3137 BERRYMEADE LANE FARMERS BRANCH TX 75234 Institution? 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) VICE PRESIDENT BLACKSON BRICK COMPANY, INC. 15 Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) X none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION City; Zip Code 18 Guarantor address; State; X not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:\_\_ Interest rate City; State; Zip Code Is lender Lender address: a financial Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica		g Expense Travel Out Of District s/Wages/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	
1 Total pages Schedule F1:	2 FILER NAME BRONSON BLACKSON	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
	GoDaddy.com	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$270.49		
Expenditure from corporate funds	14455 N. Hayden Rd, Ste. 219 Scot	ttsdale, AZ 85260
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
EXPENDITURE	Advertising Expense	Website/Domain/Hosting
		GoDaddy Order #1483629995
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	<b>;</b>
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	9
Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED